Dr. Blake said he believed this was the same case that was subsequently operated on by Dr. Hartley.

Dr. Arthur L. Fisk said that he showed a case of this kind to the society about five years ago. The patient was a plumber's helper, who had been struck on the left shoulder by a piece of sewer pipe falling from a height. When Dr. Fisk saw him at Trinity Hospital, some hours after the injury, he found that there was complete paralysis of the arm, and that there was no radial pulse at the wrist. The pulse in the right wrist was full and strong. Upon cutting down, avulsion of the entire brachial plexus was found and it was discovered, that the axillary artery had been torn across completely at the edge of the first rib. The plexus was sutured with fine catgut; gangrene of the extremity occurred subsequently, so that amputation at the shoulder was done.

Dr. Kammerer, in closing, said this was the first case of the kind that he had ever seen, and he thought a distinction should be made between cases of avulsion of the plexus and those of direct lesion to the plexus at a certain point. In the latter cases the prognosis seems to have been favorable. In avulsions the individual nerve trunks were generally torn away at different levels, making search for the divided ends much more difficult; often the nerves are torn away close to the spinal cord, and then there is little opportunity for surgical treatment.

ADENOCARCINOMA OF RECTUM.

Dr. Charles H. Peck presented a man, 57 years of age, who was first seen early in August, 1908, complaining of severe hemorrhage from the bowels, which was first noticed about five weeks previously. There was no pain, no symptoms of obstruction, some weakness, but little loss of weight.

Proctoscopic examination showed an ulcerated growth 3 or 4 inches above the anal margin, nearly surrounding the circumference of the gut, involving about two inches of its length, but not constricting.

Operation was performed on Aug. 19, 1908. After the usual preparation, a median posterior incision was carried back to the sacrum, and extended forward like a Y, part way only around the anus. It was deepened to the levator ani muscles, which were divided, and the rectum freed posteriorly and laterally by blunt dissection. Median division of the sphincter posteriorly was then

made; the wound was retracted and the gut divided with scissors just above the internal sphincter, at least one inch below the growth. The open end was clamped, the gut freed from the hollow of the sacrum behind and the prostate in front, and drawn down so that about 4 inches, including the growth, could be removed and still allow the upper segment to come down to the anus. The mucous lining of the anal segment was then dissected, away, and the upper segment attached to the skin margin within the sphincter, the anterior attachments of which had not been disturbed. The wound and sphincter were then closed posteriorly by suture, a large gauze and rubber tissue drain extending from the hollow of the sacrum to the posterior angle of the wound.

There was some sloughing of the cut end of the gut, and the stitches in the wound and sphincter gave way, leaving a wide gap posteriorly. Enough of the sutures in the gut held, however, to prevent much retraction. The large wound healed gradually by granulation, and the cut ends of the sphincter are now firmly implanted in the cicatrix, which has narrowed so greatly that there is very good control.

Voluntary contraction of the sphincter has been good throughout, owing to the preservation of its nerve supply by leaving its anterior attachment undisturbed. He is able to go about is usual occupation, and has no incontinence except when diarrhœa is present, and even then he usually has warning enough to prevent soiling.

There was practically no shock following the operation, and while there was wound infection, as was usual in these cases, constitutional symptoms were at no time alarming. Pathological report on growth, adenocarcinoma. The case is presented as an example of the utility of preserving the sphincter when feasible; of the advantage of leaving the attachment of its anterior segment undisturbed to save a portion of its nerve supply; and to show some of the advantages of the perineal route with posterior division of the sphincter in suitable cases.

NEPHRECTOMY FOR EMBRYOMA IN A CHILD: PRELIMINARY BLOOD TRANSFUSION.

Dr. William A. Downes presented a child 2 years and 2 months old, whose history previous to its present illness was negative. It was admitted to the Babies' Hospital on September 3,